

APPENDIX B

MEMP APPLICATION GUIDANCE

Missouri Department of Natural Resources

Missouri Environmental Management Partnership

Application Guidance

Introduction

This guidance is intended to show applicants for the MEMP program the requirements for a complete application. Please do not submit your complete EMS, or all the individual documents that comprise your EMS. The application will be a 'snapshot' of your system. In most cases, a one or two paragraph summary describing each element required for an acceptable EMS will suffice. It is recommended that applicants read the MEMP Environmental Management System Standard and Review Guide (Appendix A) before beginning their application process.

Please complete the application cover sheet on the following page and use it for the first page of your application submittal. If you are using the editable electronic version of this guide, type your facility information over the descriptions provided. Call the Environmental Assistance Office to obtain the electronic version in Microsoft Word. If using a paper copy, please format the facility information as shown. The Participant Conditions Statement must immediately follow the application cover sheet. Duplexing of application supporting materials is encouraged.

The narrative following the Participation Conditions Statement should describe how the organization will implement the elements of MEMP, which are described in the MEMP Implementation Plan and detailed in the MEMP Environmental Management System Standard and Review Guide, Appendix A.

Department of Natural Resources

Missouri

Environmental Management Partnership

Application for Membership

Organization Name:

Facility Name if appropriate:

Facility Street Address:

Facility City and Zip Code:

Facility Latitude and Longitude:

Mailing Address if different than above:

Parent company name and mailing address, if any:

Facility EMS Contact Person Name and Title, telephone, fax, email:

Primary SIC or NAICS code of this facility:

This application is for the following MEMP classification:

Partner _____

Certified Partner _____

Advanced Partner _____

Certified Advanced Partner _____

Participation Conditions Statement

I certify that:

- I have read and agree to fulfill the participation conditions of the Missouri Environmental Management Partnership program which include:
 - implementation of an environmental management system that conforms to MEMP guidelines,
 - continual improvement of environmental performance,
 - submission of an annual report, and
 - acceptance of on-site evaluations of the environmental management system by the Department of Natural Resources personnel.
- I have personally examined and am familiar with the information contained in this application. The information contained in this application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has conducted an objective assessment of its compliance with all applicable federal, state and local environmental requirements, and the facility has corrected identified instances of noncompliance or has a corrective action plan and schedule for achieving compliance in place for identified situations not already corrected;
- As part of our environmental regulatory system, my facility has a compliance-monitoring program to ensure future incidences of non-compliance will be addressed through appropriate corrective action.

I understand that my organization may voluntarily withdraw at any time during review of the application or after joining the Missouri Environmental Management Partnership by writing the department director.

I acknowledge that the Department of Natural Resources may accept participants into or remove them from the Missouri Environmental Management Partnership program.

I am fully authorized to execute this statement on behalf of my organization.

Name and Title: _____

Facility Name: _____

Facility Street Address: _____

Signature: _____ **Date:** _____

Facility Information (Narrative)

Please briefly describe the following characteristics as they relate to the “facility” to which the EMS applies and which is the subject of this MEMP application. In this application, “facility” can refer to one or more sites and involve activities such as manufacturing, services, administrative functions, agriculture, recreation, transportation and so on.

- a. What is the nature of work activities at your facility and what are your products and services?
- b. How many employees (full-time equivalents) currently work at your facility?
- c. List any Missouri permit identification number(s) your facility may have, by program such as air construction permit, water pollution NPDES permit, etc. Include federal, state and local permits that apply to your facility.
- d. Tell us of any planned changes in processes, products, services or materials handled that may affect your EMS and environmental performance. These are the near future activities and conditions that may have environmental impacts (see page 57 of the Implementation Plan in the first paragraph under item 2.).

2 EMS INFORMATION REQUIRED WITH APPLICATION

Facilities must have an operating Environmental Management System (EMS) that meets the required participation criteria for Partner, Certified Partner, Advanced Partner or Certified Advanced Partner classifications. Items listed below are required to document acceptability for the ten basic elements of the MEMP EMS for a Partner and additional participation criteria for the other classifications. Most elements may be documented with a one or two paragraph summary of what is in your EMS.

If you are applying for the Partner classification, please include the following with your application:

- Your EMS Environmental Policy Statement
- The complete list of identified environmental impacts
- A list of all legal and other environmental requirements including federal, state and local regulations and ordinances and a statement describing the current status of the requirements and actions being taken with respect to them. (for the convenience of the applicant a checklist is included in this guidance, but it may not be comprehensive)
- A list or indication of the priority environmental impacts and legal requirements
- Please describe the process used to track changes in legal requirements that may affect the facility. A short synopsis is sufficient
- Your EMS objectives and targets which relate to priority impacts and requirements
- A description of the process for reviewing and updating EMS objectives and targets and for setting new ones
- A chart of EMS responsibilities within the organization by functional title
- A summary of your record keeping and reporting procedures to document performance
- A description of your training program summarizing how training needs are identified and who is responsible for training, record keeping and follow up
- A summary of your emergency response plan, if you have one, including any specific requirements such as SPCC or 112 (r) and how the plan is being implemented. Do not submit the plan. If the emergency response element of the MEMP EMS does not apply to your facility, please state why (Please review element 8 of the MEMP Environmental Management System Standard and Review Guide)
- A description of your plan for assessment and corrective action including an outline of procedures, a schedule of assessments, how corrective action/response will be implemented, and specific personnel responsibilities, including top management responsibilities
- List of any unresolved non-compliance situations and corrective / preventive actions being taken including time schedule for resolution, or if there are none, a statement to that effect

Note that compliance is for all federal, state and local environmental legal requirements and some may not be listed on the environmental requirements checklist.

If you are applying for the Certified Partner classification:

In addition to the Partner classification requirements, please indicate whether the facility is certified or registered and in conformance with a “third-party” standard such as ISO-14001.

Please include a letter from the certifying organization (registrar) with the date and period of certification. If certified more than one year, provide a dated letter from the certifying organization documenting that the facility remains certified.

Describe the role of the third party certification organization in assessment of the function, effectiveness of and conformance with the EMS, including applicable legal and other environmental requirements.

If you are applying for the Advanced Partner classification:

In addition to documenting that your EMS meets all requirements for Partner Level, please provide a summary on how the facility meets each of the following (limit description to no more than two pages per requirement):

- Document how your objectives and targets are more protective than those required by legal and other environmental requirements. Describe the performance-based characteristics or features that show the objectives and targets are what is sometimes called “beyond compliance” or outcome-based.
- Community involvement:

How do you identify and respond to community and stakeholder concerns? What do you do to involve the community and stakeholders in EMS activities? How do you inform community leaders and members of important matters that may affect them? The community primarily involves the area around your facility and the organizations and residents located in that area; and, secondarily, if appropriate, areas, organizations and persons who could be affected by your facility’s operations, products and services. Stakeholders can include suppliers of raw or partially finished materials or parts, customers, shareholders, parties responsible for transportation, ultimate disposal of, and others. How will you make the performance assessment report available to the public?

- Pollution Prevention:

Please summarize how you are implementing or will implement the waste management hierarchy to achieve pollution prevention (source reduction). The waste management hierarchy can be state in order of preference: reduce, reuse, reuse, recycle, effectively treat, safely dispose. Reuse if often considered to be a form of reduction.

Do you have a written pollution prevention plan? Please indicated whether or not. If you have a written plan, please include its summary or table of contents. Do not sent the plan document.

If you are applying for the Certified Advanced Partner classification:

Please provide all the preceding documentation since this classification combines the required participation criteria of the preceding three classifications.

Regulatory Incentives

Through membership in the MEMP, a participating organization may receive certain incentives or benefits from the Missouri Department of Natural Resources. The incentives involve recognition, permitting, and enforcement considerations. Additionally, each organization that applies for MEMP membership is assigned a gatekeeper who becomes the single point of contact for the organization for issues related to the MEMP. The gatekeeper works with the organization during the application review process and remains the point of contact after the organization is accepted into the program.

As part of the application for MEMP membership, organizations are requested to identify particular incentives in which they have a special interest. Organizations are invited to request these incentives in their application or in communications with their gatekeeper. The Steering Committee and Permit Incentive Team will review the requests and make a recommendation to management.

ENVIRONMENTAL REQUIREMENTS CHECKLIST

This checklist is a worksheet for the organization and is not a component of the application. It may be used as a guide to determine what environmental requirements may apply for this application. It is not a comprehensive list of all possible requirements and should be used only as a framework to identify environmental requirements for this application. Please do not submit the checklist with the application.

The environmental requirements should include local, state and federal regulations that apply to this application.

Part 1

For this facility, is it subject to any Department of Natural Resources permits or other approvals from any of the following:

Air Pollution Control Program

Public Drinking Water Program

Water Pollution Control Program

Solid Waste Management Program

Hazardous Waste Program

Land Reclamation Program

Department of Natural Resources Region Office

Dam and Reservoir Safety Program

Geological Survey Program

Water Resources Program

Historic Preservation Office

If your answer to any of the foregoing is “yes” then the permit or approval is an environmental requirement for your EMS and should be mentioned in this application.

Part 2

Department of Natural Resources regulations. Please read the appropriate section of the regulations (10 CSR xx) to determine which regulations are environmental requirements for this application.

The regulations are available for a nominal charge from the Secretary of State’s office by calling 573-751-4015 and asking for the appropriate title. They may also be viewed or downloaded at

<http://www.sos.mo.gov/adrules/csr/current/10csr/10csr.asp>. Regulations are in PDF files and the free Adobe Acrobat reader is required to read them. Some sections are in more than one PDF file and require downloading a second file to continue reading the regulations.

Air Pollution Control Program (10 CSR 10)

NOTE: Chapters 2, 3, 4 and 5 are specific to geographic areas of the state. Chapter 6 rules apply throughout the state. Local air pollution control agencies in the city of St. Louis, St. Louis County, Kansas City and Springfield also have ordinances that are environmental requirements and must be included if the facility is located in one of these jurisdictions. Check with the local agency for their ordinances.

Chapter 2, Kansas City metro area (Jackson, Cass, Clay, Platte, Ray and Buchanan counties). State regulations are in addition to Kansas City local ordinances.

Chapter 3, Outstate Missouri area

Chapter 4, Springfield-Greene County area (additional to city of Springfield local ordinances)

Chapter 5, St. Louis metro area (St. Louis county and city, Jefferson County, St. Charles county and Franklin county). State regulations are in addition to St. Louis City ordinances and St. Louis county regulations.

Chapter 6, Statewide rules

Public Drinking Water Program (10 CSR 60)

Regulations of this program apply to drinking water systems, public and private. Systems are covered if:

The system provides water for human consumption to 15 or more service connections or dwelling units, and/or

The system provides water to an average of 25 individuals daily at least 60 days of the year.

Water Pollution Control Program (10 CSR 20)

Does the facility discharge to waters of the state?

Does the facility operate a treatment system?

Will wastewater or cooling water be discharged into a ditch or body of water?

Will wastewater or sludges be disposed on site?

Does the facility have a storm water management plan?

Does the facility have process or transport areas exposed to precipitation?

Is the facility a confined animal feeding operation?

Does the facility have pretreatment requirements?

Solid Waste Management Program (10 CSR 80)

Does the facility:

Have on-site disposal or burial of solid waste?

Process, treat or transfer any infectious waste from off-site?

Process, treat or transfer any mixed solid waste from off-site?

As part of normal business, regularly store or handle waste tires?

Hazardous Waste Program (10 CSR 20 and 25)

Read the fact sheet “Does Your Business Generate Hazardous Waste?” on line at <http://www.dnr.mo.gov/oac/pub117.pdf> or call Outreach and Assistance at 1-800-361-4827 and ask for Publication 117.

Does the facility:

Generate, transport, bury, treat or store liquid waste, industrial waste, wastewater treatment plant sludge or any wastes that might be corrosive, flammable, reactive or toxic?

Use any chemicals in the manufacture of a product or in providing a service to the consumer?

Have any underground storage tanks on the property?

Land Reclamation Program (10 CSR 40 and 45)

Is the facility a surface mine of gravel, limestone, granite, traprock, tarsands, clay, barite, sandstone, oil shale, sand or shale?

Are you exploring for or mining coal?

Does the facility dispose of wastes from mining metallic minerals?

Dam and Reservoir Safety Program (10 CSR 22)

Is there a man-made impoundment which is 35 feet or more in height from the lowest point of the toe to the crest elevation?

Will any such impoundment be constructed on the facility?

Geological Survey Program (10 CSR 23)

Does the facility do soil borings for mineral, oil or gas exploration?

Are there or will there be, groundwater assessment or investigation wells?

Is there or will there be, injection of fluid into the soil or groundwater?

Is oil or gas produced?

Water Resources Program

The Water Resources Program does not have a section of the CSR's. It is enabled by statute in Chapter 256 of the Revised Statutes of Missouri (RSMo). Statutes may be read on line at <http://www.moga.state.mo.us/homestat.asp>. Many libraries will also have copies of the state statutes. If not, check the county court house.

Does or will the facility pump or divert 100,000 gallons or more of water per day from a well or a surface water source?

Or, is water supplied to the facility by pumping or diverting water at seventy gallons per minute or more from a well or surface water source?

Federal Regulations

Federal regulations that apply to operation of the facility are also environmental requirements for this application. These are found in the Code of Federal Regulations which can be obtained from the Government Bookstore in Kansas City at the Bannister Mall, ordered from the Government Printing Office, or searched on line at:

<http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>

It is also recommended that applicants who are unsure of whether federal regulations apply, search the Environmental Protection Agency home page, www.epa.gov. You may also call the Environmental Assistance Office at 1-800-361-4827 for help in determining if there are applicable federal regulations.

Local Requirements

Requirement or permits established by local air pollution control agencies.

Requirements related to releases of wastewater to a publicly owned treatment works, including pretreatment requirements.

Requirements related to the releases of stormwater or other wastes to publicly owned stormwater drainage systems and storm sewers.

Other local environmental regulations.